

# Arizona Quarterly Withholding Tax Return

## A1-QRT

305  
310

Make checks payable to: Arizona Department of Revenue  
Send to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

**Failure to make payment may result in a 25% penalty in addition to other penalties and interest required by law.**

For certain taxpayers, Arizona law requires that withholding taxes be paid at the same time as federal withholding deposits are due. (See *instructions*)

Name and Address:

B/D

P/M

State Withholding Number

Qtr	Year	Amended
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Amount of Payment Enclosed

Dollars	Cents
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Prior Payments Made for This Quarter

Dollars	Cents
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Total Payments for This Quarter

Dollars	Cents
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Check this box to cancel withholding account. Complete the explanation section on page 2. (See instructions). Enter date final wages paid \_\_\_\_\_

FEIN		Total Federal Income Tax Withheld This Quarter For Arizona Employees (Without FICA): \$				Total Arizona Payroll This Quarter: \$			
<b>A. Daily Tax Liability - 1st Month of Quarter (Semi-Weekly or One Banking Day)</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			
<b>B. Daily Tax Liability - 2nd Month of Quarter (Semi-Weekly or One Banking Day)</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			
<b>C. Daily Tax Liability - 3rd Month of Quarter (Semi-Weekly or One Banking Day)</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			Check gray boxes for one-banking day withholding obligations only.
5		12		19		26			
6		13		20		27			
7		14		21		28			
Monthly Tax Liability	1st Month	AA		Quarterly Tax Liability	DD	Total Liability for Quarter	Z		
	2nd Month	BB							
	3rd Month	CC							

**If this is an amended return, complete the following information:**

1	Total liability for quarter from section Z on page 1 of the amended return.....		
2	Total liability for quarter (section Z) previously reported on Form A1-QRT .....		
3	If the amount on line 2 is greater than the amount on line 1, enter the difference here. This is the amount of tax overpaid.....		
4	If the amount on line 1 is greater than the amount on line 2, enter the difference here. This is the amount of tax underpaid.....		

**NOTE:** If this amended return is being filed for a quarter in a prior year, attach an amended Form A1-R and the state copies of federal Forms W-2c for the prior year.

Explain why an amended return is being filed:

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**Reason for cancellation of employer's withholding account (check the applicable box):**

1. Reorganization or change in business entity (example: from corporation to partnership)
2. Business sold
3. Business stopped paying wages and will not have any employees in the future
4. Business permanently closed
5. Business has only leased or temporary agency employees
6. Other (specify reason) \_\_\_\_\_

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Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

<b>Please Sign Here</b>	_____	_____	(     ) _____
	Signature	Date	Business telephone number
<b>Paid Preparer's Use Only</b>	_____	_____	(     ) _____
	Preparer's signature	Date	Business telephone number
	_____	_____	
	Firm's name (or preparer's, if self-employed)	Preparer's EIN, SSN, or PTIN	
	_____	_____	
	Firm's address	Zip code	